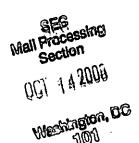
# FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

143	1989
OMB	Approval
	<del>-</del>

OMB Number: 3235-0076 Expires: August 31, 2008 Estimated average burden hours per response . . . 16.00

SEC USE ONLY				
Prefix 	Serial			
DATE R	ECEIVED			
1	1			

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)					
Offering of shares					
Filing Under (Check box(es)	that apply):  Rule 504 Rule 505	□ Rule 506 □ Section 4(6)	ULOE		
Type of Filing: New Filin	• • • • •	<u> </u>	, –		
		IFICATION DATA	できょうがんくんか		
1. Enter the information requ	ested about the issuer				
Name of Issuer (☐ check	if this is an amendment and name has change	d, and indicate change.	OCT 282008		
Avenue Strategic Partners.	Ltd.		7 001 28 5008		
Address of Executive Office	s (Number and Street, City, State, Zip Code)	·	Telephone Number (Including Area Code)		
	n, Ltd., Admiral Financial Center, P.O. Bo		Telephone Number (Including Area Code) (345) 949-0704		
Street, Grand Cayman, Ca	yman Islands				
Address of Principal Busines	Telephone Number (Including Area Code)				
(if different from Executive	(345) 949-0705				
Brief Description of Busines	S				
Private investment fund					
Type of Business Organizati	on				
□ corporation	☐ limited partnership, already formed		specify): an exempted company formed		
<ul> <li>business trust</li> </ul>	☐ limited partnership, to be formed	under the laws	of the Cayman Islands		
		Month Year			
Actual or Estimated Date of	Incorporation or Organization:	0 4 0 8	A I BRAINI REVITA IRNIN CENTO ATTIO NICH ATTIR RITE BIJE INTE IBRI		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;					
•		_			
	CN for Canada; FN for oth	er foreign jurisdiction)	08062761		

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

A. BASIC IDENTIFICATION DATA						
2. Enter the information requested for the following:						
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>						
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mor equity securities of the issuer;</li> </ul>	e of a class of					
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of and</li> </ul>	partnership issuers;					
Each general and managing partner of partnership issuers.						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Lasry, Marc						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Avenue Capital Group, 535 Madison Avenue, 15 <sup>th</sup> Floor, New York, New York 10022						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director Of General Partner	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Gardner, Sonia E.						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Avenue Capital Group, 535 Madison Avenue, 15th Floor, New York, New York 10022						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐General and/or Managing Partner					
Full Name (Last name first, if individual) Seymour, Don M.						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o dms Management, Ltd., P.O. Box 31910, dms House, 20 Genesis Close, Grand Cayman KY1-1208, Cayman Islands						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐General and/or Managing Partner					
Full Name (Last name first, if individual)  Ghisletta, Aldo						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o dms Management, Ltd., P.O. Box 31910, dms House, 20 Genesis Close, Grand Cayman KY1-1208, Cayman Islands						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director	☐General and/or Managing Partner					
Full Name (Last name first, if individual) Guilfoyle, Ronan						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o dms Management, Ltd., P.O. Box 31910, dms House, 20 Genesis Close, Grand Cayman KY1-1208, Cayman Islands						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐General and/or Managing Partner					
Full Name (Last name first, if individual)						
MS ARS Holding A Inc.						
Business or Residence Address (Number and Street, City, State, Zip Code) One Tower Bridge, 100 Front Street, West Conshohocken, PA 19428						
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐General and/or Managing Partner					
Full Name (Last name first, if individual)  Morgan Stanley HFP Investments Inc.						
Business or Residence Address (Number and Street, City, State, Zip Code)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

{00611264; 1; 0080-17} 2 of 8

One Tower Bridge, 100 Front Street, West Conshohocken, PA 19428

B. INFORMATION ABOUT OFFERING															
, ,	Tanaha i		.14	J l.	. :	. }	1 45 0.11			ئالىمانى		s in this offering?	Yes	No ⊠	
1	as the 1	ssuer s	ola or (	does in										Ø	
					A	nswer a	also in	Appen	dix, Co	lumn 2	, if fili	ng under ULOE.			
2.	What is 1	the min	imum	investn	nent tha	at will l	be acce	pted fr	om any	indivi	dual?			<u>\$500,0</u>	<u> 200'</u>
														Yes	No
3. l	Does the	offerir	ng pern	nit joint	ownei	rship of	f a sing	le unit'	?					×	
c a	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full	Name (I	_ast nai	me firs	t, if ind	ividual	)									
Busi	ness or I	Resider	ice Ado	dress (N	Number	and S	treet, C	ity, Sta	ite, Zip	Code)					
	Broady					10036-	8293								
	e of Ass gan Stan														
	s in Wh					ited or	Intend	s to So	licit Po	rchaser	·c				
												4	All States		
[AL]				[CA]			-		(FL)						
[IL		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (I	last nai	me first	t, if ind	ividual	)						II. 11. 1			
Busi	ness or I	Resider	nce Ado	dress (1	Number	and S	treet. C	ity. Sta	ate, Zip	Code)			<u> </u>		
							, -	,	,	,					
Nam	e of Ass	ociated	l Broke	r or De	aler										
State	s in Wh	ich Per	son Lis	sted Ha	s Solic	ited or	Intend	s to So	licit Pu	rchaser	's				
(Che	ck "All	States	s" or c	heck is	ndivid	ual Sta	ites)					• • • • • • • • • • • • • • • • • • • •	☐ All States		
[AL	[AK]		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]		[IA]	(KS)	[KY]		[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]			
[MT		[NV]	(NH)	[NJ]		[NY]	[NC]		[OH]	[OK]	[OR]	[PA]			
[RI]		(SD)	(TN)			[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
ruii	Name (I	Last nai	me iirsi	i, ii ina	ividuai	)									
Busi	ness or I	Resider	nce Ado	dress (N	lumbei	and S	treet, C	ity, Sta	ite, Zip	Code)					
Nam	e of Ass	ociated	l Broke	r or De	aler										
State	s in Wh	ich Per	son Lis	sted Ha	s Solic	ited or	Intends	to Sol	licit Pu	rchaser	'S				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)															
[AL]				[CA]											
[IL]		[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>&</sup>lt;sup>1</sup> General Partner has the right to waive the minimum commitment.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES ANI	USE OF PE	ROCEEDS
1.			
	already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities of-		
	fered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
	Dale	Offering Price	Sold
	Debt	\$ <u>0</u>	\$ 0
	Equity: Shares of Class A Common   Common Preferred	\$	5,000,000*
	Convertible Securities (including warrants)	\$ 0	<b>\$</b> 0
	Partnership Interests	\$ <del>0</del>	\$ 0
	•	\$ 0	\$ 0
	Other (Specify)	\$ <del>0</del> \$ 1,000,000,000*	\$ 5,000,000*
		1,000,000,000	2,000,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities		
	in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule		
	504, indicate the number of persons who have purchased securities and the aggregate dollar		
	amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	A
		Investors	Aggregate Dollar Amount
		1111031313	Of Purchases
	Accredited Investors	1	\$ 5,000,000*
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE	-	
3.	0		
	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed		
	in Part C-Question 1.		
	Type of offering	Туре	Dollar Amount
	7. 0	Security	Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$ N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the		
	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an		
	expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
		_	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 400,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		\$ 400,000
- 471			

<sup>\*</sup>The issuer is offering an unlimited dollar amount of shares to accredited investors. The issuer does not expect to sell in excess of \$1,000,000,000 in shares. Actual sales may be significantly lower.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF P	RO	CEEDS
	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer".		<u>\$99</u>	9,600,000
5.	Indicate below the amount of the adjusted proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.			
		Payments to Officers, Directors, & Affiliates		Payments To
	Salaries and fees	0.00	٥	\$
	Purchase of real estate	0.00	٥	\$
	Purchase, rental or leasing and installation of machinery and equipment	0.00		\$
	Construction or leasing of plant buildings and facilities	0.00	٥	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	6 0.00	. 0	\$
	Repayment of indebtedness			•
	Working capital	\$ 0.00	_	\$
	Other (specify) Investment Capital	0.00	ַ⊠	\$ 999,600,000
		\$ 0.00		\$
	Column Totals		- ⊠	\$ 999,600,000
	Total Payments Listed (column totals added)		999	,600,000
	D. FEDERAL SIGNATURE			
foll	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this lowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excuest of its staff, the information furnished by the issuer to any non-accredited investor pursuant to p	hange Commis	sion	, upon written
	uer (Print or Type)  enue Strategic Partners, Ltd.  Date September	16	, 200	08
Naı	me of Signer (Print or Type) Title of Signer (Print or Type) Director			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)